

Number of Connections

Domestic	3,409	ORIGINAL (Red)
Commercial	481	
Industrial	42	
Institutional	31	
Bulk sales to other suppliers	211	
Other	6	
TOTAL	4,1805	

Sources of water for the Emmaus Waterworks consists of seven (7) wells, of which well #5 is not in service due to TCE problems.⁵ Please see Exhibit A-2 for location of wells.

Since the cesspools drilled at the Rodale facility were reportedly drilled until a solution cavity was encountered, it is impossible, due to the nature of groundwater (flow direction and rates) in solution cavities, to determine the total extent of possibly affected persons and resources. The Emmaus Waterworks serves approximately 24,000 consumers and this number would have to be deemed as the number potentially affected by the Rodale site.

As previously stated, the Emmaus Waterworks' well #5 is inactive at the present time due to high levels of TCE. The waterworks' well nos. 1 through 4, 6 and 7, all show some contamination of TCE and related compounds. It is unclear at the present time, to both the PA DER and the Borough of Emmaus⁴ 7 as to whether the Rodale Manufacturing site is the sole source for this contamination.

Recommendations/Conclusions

Since only one route for contamination exists at the facility--groundwater, and since the site is presently undergoing cleanup under the supervision of the PA DER, a low-level site inspection is recommended for this site.

ORIGINAL
(Red)

REFERENCES

1. Pennsylvania Department of Environmental Resources, Bureau of Water Quality Management files; memo from Robert Day-Lewis to file; 8/16/82; Chronological Summary of Correspondence.
2. Interview with Willard Wade, P.E., Spotts, Stevens & McCoy, Reading, Pennsylvania; 4/20/87.
3. Pennsylvania Department of Environmental Resources, Bureau of Water Quality Management files; letter from Joseph Feola to Willard Wade, P.E.; 3/31/86.
4. Telephone interview with Bruce Fosselman and Ray Erb, Borough of Emmaus, Pennsylvania.
5. Exhibit C-1; Emmaus Water Works Annual Water Supply Report; 1985.
6. Exhibit B-1; Emmaus Water Works Sanitary Survey.
7. Interview with Jerry Schappell, Pennsylvania Department of Environmental Resources Sanitarian (former); 4/20/87



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

IDENTIFICATION
01 STATE 02 SITE NUMBER
PA 1276

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Rodale Manufacturing Company, Inc.		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER Sixth and Minor Streets		ORIGINAL	
03 CITY Emmaus	04 STATE PA	05 ZIP CODE 18049	06 COUNTY Lehigh	07 COUNTY CODE 077	08 CONG. DIST.
09 COORDINATES LATITUDE 40° 31' 53" N		LONGITUDE 075° 29' 29" W			

10 DIRECTIONS TO SITE (Starting from nearest public road)

Chestnut Street in the Borough of Emmaus to 5th Street; go south on 5th Street to Minor Street; site is located at corner of 5th and Minor Streets.

III. RESPONSIBLE PARTIES

01 OWNER (if known) Square D Company, Emmaus Plant		02 STREET (Business, mailing, residential) Sixth and Minor Streets	
03 CITY Emmaus	04 STATE PA	05 ZIP CODE 18049	06 TELEPHONE NUMBER (215) 965-9071
07 OPERATOR (if known and different from owner) Rodale Manufacturing Company, Inc.		08 STREET (Business, mailing, residential) Out of Business	
09 CITY Address Unknown	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ()
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN			

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input checked="" type="checkbox"/> A. RCRA 3001 DATE RECEIVED: 8 / 18 / 80 MONTH DAY YEAR		RCRA 3001 by Square D Co. Not Rodale Mfg. Co. <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (RCRA 103) DATE RECEIVED: / / MONTH DAY YEAR		<input type="checkbox"/> C. NONE
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IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 4 / 30 / 87 MONTH DAY YEAR <input type="checkbox"/> NO Plus routine BWQM inspections		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____	
02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR 1961 ENDING YEAR 1967 <input type="checkbox"/> UNKNOWN	

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

Electroplating wastes, cyanide wastes, cooling waters, rinse water from copper and zinc plating, acid brass dip solutions.

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

Potential for groundwater contamination.

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (inspection required promptly) <input type="checkbox"/> B. MEDIUM (inspection required) <input checked="" type="checkbox"/> C. LOW (inspect on time available basis) <input type="checkbox"/> D. NONE (no further action needed, complete current disposition form)			
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VI. INFORMATION AVAILABLE FROM

01 CONTACT Bruce Beitler		02 OF (Agency/Organization) PA DER Bureau of Waste Management		03 TELEPHONE NUMBER (215) 270-1948	
04 PERSON RESPONSIBLE FOR ASSESSMENT Chris Jaccarino		05 AGENCY PA DER	06 ORGANIZATION Bureau of Waste Mgmt.	07 TELEPHONE NUMBER (215) 270-1948	08 DATE 5 / 3 / 87 MONTH DAY YEAR



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
PA 1276

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A. GROUNDWATER CONTAMINATION 02 ☒ OBSERVED (DATE: Various) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: ≈ 24,000 04 NARRATIVE DESCRIPTION

See narrative.

01 ☒ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: Unknown 04 NARRATIVE DESCRIPTION

ORIGINAL
(Red)

Depending on where groundwater from beneath the site discharges, surface water will be contaminated in that area.

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED: _____ (Acres) 04 NARRATIVE DESCRIPTION

01 ☒ G. DRINKING WATER CONTAMINATION 02 ☒ OBSERVED (DATE: _____) ☐ POTENTIAL ☒ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: ≈ 24,000 04 NARRATIVE DESCRIPTION

Emmaus Water Works' Wells show contamination of water by TCE and related compounds. There is no evidence that shows that the Rodale site is the sole responsible party for the TCE contamination.

01 ☐ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION
01 STATE 02 SITE NUMBER
PA 1276

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/storing liquids/leaking drums)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

ORIGINAL
(Red)

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: ~ 24,000 +

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

Same as Part 2, Section VI.

FIELD TRIP SUMMARY REPORT

This summary should be prepared in conjunction with the Preliminary Assessment Form, (EPA Form T2070-2), so that a proper site rating can be assigned.

Name of Site Rodale Manufacturing Co., Inc.
cesspool disposal wells

EPA Case Number - PA-1276

- I. If site is active, has owner/operator notified EPA in accordance with Section 3010 of RCRA. Yes ☐ No ☒ not active

If Yes: a) Note EPA I.D. No. PAD-981033285

b) Is the site a generator, storer, treater or disposer of hazardous waste? (CIRCLE ONE) Not Active

- II. If the answers submitted in Part VI (Hazard Description) of EPA Form T2070-2 or observations warrant a more thorough site investigation/sampling, please attach a sketch map showing those areas of concern. (i.e.: lagoons, leachate seeps, drum storage, monitoring wells, etc.).

- III. Please list site contacts and accompanying inspectors; include name, title and phone numbers.

- IV. Site observations: (attach a topo map). Exhibit A-1

- A. Population within 1000 ft. of the site is (CHECK ONE)

1. 0-10 people
2. 10-100 people
3. greater than 100 people

- B. List surrounding land use: (woodlot, agricultural, playground, industrial, etc.)

North: Residential

South: Residential

East: Residential

West: Residential-----

FIELD TRIP SUMMARY REPORT

Page 2

C. Water supply for area. (CHECK ONE)

Municipal water supply for the area is the Emmaus Municipal Water Works. This water supply shows contamination by TCE and related compounds.

1. Surface intakes (locate on attached map)
2. Municipal wells (locate on attached map)
3. Domestic wells:

- a. Approximate number within 1/4 mile. _____
- b. Locate a minimum of 3 wells on attached map and list below:

Property owner	_____	_____	_____
Address	_____	_____	_____
Phone no.	_____	_____	_____
Well records	YES --- NO ---	YES --- NO ---	YES --- NO ---
Odor problems	YES --- NO ---	YES --- NO ---	YES --- NO ---
Taste problems	YES --- NO ---	YES --- NO ---	YES --- NO ---

- c. If odor or taste problems are reported please elaborate:

ORIGINAL
(Red)

D. Are surface or subsurface, (leachate), drainage areas from site apparent? YES --- NO X. If yes:

1. Were unusual odors or stains noted? YES --- NO ---
2. Was stressed vegetation noted? YES --- NO ---

- a. If yes please note area on map.

E. Are streams or receiving waters adjacent to site? YES --- NO X. If yes, list observations: (i.e. - change in benthic community, change in plant density/diversity, change in color, siltation, etc.).

F. Site topography: (i.e. - plateau, strip mine ravines, etc.).

gently sloping hill

G. Other observations: (i.e. - erosion, located in floodplain, etc.).

None

